



COMMAND SCREENING CHECKLIST RECONNAISSANCE LEADER COURSE



EAS:			DATE:		
NAME: (Last/First/MI)		GRADE:	EDIPI:	UNIT: (BN/CO/PLT/BILLET)	
Prospective Students MUST meet the following					
COMPANY OR EQUIVALENT	NO EXISTING FAMILY, LEGAL, HARDSHIPS THAT WILL PREVENT FULL COURSE PARTICIPATION				
	PRO/CON/FITREP COMPLETE				
	SNM IS A VOLUNTEER				
	SNM HOLDS THE MOS 0321				
	POSSESSES APPROPRIATE UNIFORMS AND GEAR FOR THE COURSE. (AS PER GEAR LIST)				
	SNM IS IN RECEIPT OF THE "IPA STUDY GUIDE" FOUND ON THE RLC WEBSITE.				
	SNM IS IN POSSESSION OF MED/DENTAL RECORD, SIGNED DTS AUTHORIZATION ORDERS, CURRENT BIR/BTR		COMPANY 1STSGT RANK/NAME:	SIGNATURE:	DATE:
S1 OR EQUIVALENT	NO NJP'S / DEROGATORY PAGE 11'S IN THE LAST 12 MONTHS AND NO MORE THAN TWO NJPS DURING THE CURRENT CONTRACT				
	NO COURT MARTIAL CONVICTIONS		ADMIN CHIEF RANK/NAME:	SIGNATURE:	DATE:
S2 OR EQUIVALENT	MUST POSSES JPAS PRINTOUT SHOWING CURRENT/INTERIM SECRET OR HIGHER CLEARANCE		SECURITY OFFICER RANK/NAME:	SIGNATURE:	DATE:
MEDICAL	FULL DUTY STATUS, NO EXISTING MEDICAL PROBLEMS				
	SCREENED WITHIN THE PAST TWO WEEKS TO ENSURE SNM IS FREE FROM UPPER RESPIRATORY PROBLEMS, EAR, NOSE AND SKIN DISORDERS WHICH MAY PRECLUDE SNM PARTICIPATION IN PROLONGED TRAINING IN SALT WATER. FREE FROM INJURIES TO THE ANKLES, KNEES, BACK AND SHOULDERS WHICH COULD PRECLUDE SNM FROM FIELD OPERATIONS.		IDC/MEDICAL OFFICER RANK/NAME:	NSW/SO COMPLETION DATE:	
S3 OR EQUIVALENT	SNM SCORED 250 OR HIGHER ON THEIR LAST PFT IAW NAVMC 3500.55B. SCREENED AND IS CAPABLE OF PASSING THE 500YD FIN WITH 35 LBS RUCK AND C/E, IAW NAVMC 3500.55B ON T-DAY 1.	PFT WITHIN 30 DAYS	BODY COMPOSITION PROGRAM		
		P/U: CRUNCHES: RUN:	HT:	WT:	lbs
		SCORE:	WAIST:	NECK:	in
		DATE:	BODY FAT%		
	HAS CURRENT SWIM QUALIFICATION WSI OR HIGHER				
	MEETS HEIGHT/WEIGHT STANDARDS IN ACCORDANCE WITH MCO 6110.3, ALMAR 033/08 AND 034/08.		SIGNATURE:		
		OPS CHIEF/OPS OFFICER RANK/NAME:	CERTIFICATION DATE:		
RECONNAISSANCE LEADER COURSE					
For details on course material refer to MCTIMS under Training Resource Module					
I HAVE PERSONALLY SCREENED THIS MARINE AND CERTIFY THAT HE MEETS ALL REQUIREMENTS FOR ENROLLMENT TO THE RECONNAISSANCE LEADER COURSE AS OUTLINED ABOVE.					
PRINT NAME: _____		SIGNATURE: _____		CONTACT # _____ DATE: _____	
(Company Ops Chief/Platoon Sergeant)					
PRINT NAME: _____		SIGNATURE: _____		CONTACT # _____ DATE: _____	
(Company Commander)					
PRINT NAME: _____		SIGNATURE: _____		CONTACT # _____ DATE: _____	
(Battalion Operations Chief)					
PRINT NAME: _____		SIGNATURE: _____		CONTACT # _____ DATE: _____	
(Battalion Commander)					